

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
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Tyrone M. Moore  
Write the full name of each plaintiff.

-against-

Captain Holder,  
E-S-U Captain Moise

No. 20 CV 8067  
(To be filled out by Clerk's Office)

First Amended  
**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

State Name: Tyone Middle Initial: H Last Name: MASSEY

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

8952000522

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN Detention Complex (m) West FACILITY

Current Place of Detention

1600 HAZEN STREET

Institutional Address

EAST ELMHURST, NY 11370

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Kemba	Holder	1754
First Name	Last Name	Shield #
CAPTAIN		
Current Job Title (or other identifying information)		
75-20 ASTORIA BOULEVARD		
Current Work Address		
EAST ELMHURST, NY 11370		
County, City	State	Zip Code

Defendant 2:

Moise		1451
First Name	Last Name	Shield #
CAPTAIN		
Current Job Title (or other identifying information)		
Current Work Address		
County, City State Zip Code		

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City State Zip Code		

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City State Zip Code		

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: MANHATTAN DETENTION complex

Date(s) of occurrence: September 4, 2020

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On September 4, 2020 while AT the MANHATTAN DETENTION complex in housing AREA 9 South CAPTAIN'S Holder and MOISE WAS responsible for my care, custody and control AS I AM A pretrial detainee. CAPTAIN'S MOISE AND Holder observed me between 8:20 pm - 9:00 pm on September 4, 2020 experiencing A mental health crisis when I began hearing voices, hallucinating and utilizing glass to cut myself CAPTAIN'S holder and MOISE violated their legal duty of care by refusing to take me to clinic for my seizure medication which the Nurse MS. BURICE told them I needed to be escorted to clinic to receive AT approximately 8:45 pm CAPTAIN MOISE and several E.S.U. officers searched me to confiscate any sharp object I may have had to continue to cut myself AT approximately

9pm I WAS Told by E.S.U CAPTAIN MORSE  
and CAPTAIN holder I WAS NOT going To  
Clinic To receive my seizure medication or  
TREATMENT medically for my open  
wounds THAT WAS bleeding. CAPTAIN S MOISE  
and CAPTAIN holder VIOLATED their "legal  
duty of care" AS well AS my 8<sup>th</sup> AND 14<sup>th</sup>  
Amendment rights AS well AS their  
own written policy and procedures

see page 52-4

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

# N.S. STATEMENT OF CLAIM

## FACTS: continued

subjecting me to unnecessary pain and suffering, CAPTAINS moise and holder violated their own "legal duty of care". Both CAPTAINS holder and moise WAS supposed to search me and immediately take me to clinic AS I WAS bleeding from the lacerations to my body and to receive my seizure medication I WAS being a danger to myself AS I WAS experiencing a mental health crisis and both CAPTAINS holder and CAPTAIN moise refused me medical attention. There is a camera directly outside my cell that recorded this incident. AT 9 PM on September 4, 2020 I Told CAPTAIN holder and CAPTAIN moise AS well AS several other ESO officers I did NOT WANT TO lock in

# V. STATEMENT of claim

## FACTS: continued

AS I needed medical treatment I WAS told by CAPTAIN MOISE and several E.S.U officers if I did not lock in they would "kill me" I locked in out of fear when I locked in I immediately broke my cell light hoping I would get medical attention my cell was opened and I WAS then sprayed with chemical agents. There is a camera directly outside my cell that recorded me cutting myself between 8:20pm to 9pm on September 4, 2020 And receiving no escort to clinic for treatment I filed no grievance as "staff complaints are non-grievable" and not subjected to the grievance process of the NY Dept. of Corrections see exhibits A-



V. STATEMENT OF CLAIM  
FACTS CONTINUED:

AS NOTED IN ROSS V. BLAKE 136 S. CT. 1850  
INMATES ARE REQUIRED TO  
EXHAUST ONLY ADMINISTRATIVE REMEDIES  
THAT ARE GENUINELY AVAILABLE. THE  
SUPREME COURT NOTED INMATES MUST  
ONLY EXHAUST REMEDIES THAT ARE  
CAPABLE OF USE TO OBTAIN SOME RELIEF.  
THE COURT ALSO NOTED THAT A  
"REMEDY IS UNAVAILABLE WHEN OFFICERS  
ARE CONSISTENTLY UNABLE OR UNWILLING  
TO GIVE INMATES ANY SORT OF  
RELIEF". SEE EXHIBITS A -



**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES  
INMATE STATEMENT FORM**Form: 7101R  
Eff.: 2/25/20  
Ref.: Dir. 3376R-

The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office.
- You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges.
- Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311.
- Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe.

**All grievance forms must be signed. Failure to sign form will be deemed invalid.**

**THE SUBMISSION AND APPEALS PROCESSES****1.SUBMISSION**

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

**2.FORMAL RESOLUTION**

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

**3.COMMANDING OFFICER'S REVIEW**

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition, you will have two (2) business days to appeal to the Division Chief.

**4.APPEAL TO THE DIVISION CHIEF**

The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

**5.CENTRAL OFFICE REVIEW COMMITTEE**

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

**GRIEVANCE CATERGORIES**

- |                                 |                           |
|---------------------------------|---------------------------|
| 1. CLASSIFICATION/SRG STATUS    | 13. MENTAL HEALTH         |
| 2. CLOTHING                     | 14. PERSONAL HYGIENE      |
| 3. COMMISSARY                   | 15. PHONE                 |
| 4. CORRESPONDENCE / MAIL        | 16. PROGRAMS              |
| 5. EMPLOYMENT                   | 17. PROPERTY              |
| 6. ENVIRONMENTAL                | 18. RECREATION            |
| 7. FOOD                         | 19. RELIGION              |
| 8. INMATE ACCOUNT               | 20. RULES AND REGULATIONS |
| 9. JAIL TIME                    | 21. SCHOOL                |
| 10. LAUNDRY                     | 22. SEARCH                |
| 11. LAW LIBRARY                 | 23. SOCIAL SERVICES       |
| 12. MEDICAL/ACCESS TO SICK CALL | 24. TRANSPORTATION        |
|                                 | 25. VISIT                 |
|                                 | 26. OTHER                 |

**CATERGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS**

1. ASSAULT ALLEGATION
2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA)
3. HARASSMENT ALLEGATION
4. STAFF COMPLAINT
5. INMATE ALTERCATION
6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA)
7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION
8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC)
9. MEDICAL STAFF / MENTAL HEALTH STAFF
10. REQUEST FOR PROTECTIVE CUSTODY
11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY
12. FREEDOM OF INFORMATION LAW REQUEST
13. HOUSING
14. INMATE GRIEVANCE
15. OTHER



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

## OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form: 7101R  
 Eff.: 2/25/20  
 Ref.: Dir. 3376R-



The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office.
- You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges.
- Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311.
- Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe.

**All grievance forms must be signed. Failure to sign form will be deemed invalid.**

## THE SUBMISSION AND APPEALS PROCESSES

### 1.SUBMISSION

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### 2.FORMAL RESOLUTION

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

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10. REQUEST FOR PROTECTIVE CUSTODY
11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY
12. FREEDOM OF INFORMATION LAW REQUEST
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14. INMATE GRIEVANCE
15. OTHER

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES  
INMATE STATEMENT FORM**Form: # 7101R-A  
Eff.: 9/14/18  
Ref.: Dir. 3376R-A

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You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written complaint submitted by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement.
- You always have the right to file a complaint/grievance. Inmates are only allowed to file one complaint for each grievance form.
- Before you seek relief from an external entity, like the courts or another agency, you should file your grievance with this office.
- Inmate shall not file repetitive grievances / 311 complaints where time frame to investigate said complaint has not elapsed. This will be considered misuse.

*All grievance forms must be signed. Failure to sign form will be deemed invalid.*

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15. OTHER



ATTACHMENT - B

		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form.: 7101R Eff.: 2/26/20 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>Tyone MASSEY</u>		Book & Case #: <u>8952000522</u>		NYSID #: <u>01083103M</u>	
Facility: <u>MDC</u>	Housing Area: <u>9500th</u>	Date of Incident: <u>1/25/2021</u>	Date Submitted: <u>1/26/2021</u>		
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.					
Grievance: <u>CAPT. CREWELL kept threatening to kill me on JAN 25, 2021 due to me filing LAWSUITS and prosecuting her (COWDRIER'S) violation of federal STATUTES 18 USC 55242, 18 USC 55241, 18 USC 55253</u>					
Action Requested by Inmate: <u>1. D. TRIAL division Federal investigation</u>					
<b>Please read below and check the correct box:</b>					
Do you agree to have your statement edited for clarification by OCGS staff?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Inmate's Signature: <u>[Signature]</u>			Date of Signature: <u>1/26/2021</u>		
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP <u>JAN 27 11 32 AM</u> <u>OCGS</u>	Grievance Reference # <u>376111</u>		Category: <u>Non-Credible Allegation</u>		
Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>[Signature]</u>			<u>[Signature]</u>		



 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 	
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>	
Form.: 7101R Eff.: 2/26/20 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Throne MASsey</u>	Book & Case #: <u>8952000522</u>
NYSID #: <u>01083103m</u>	
Facility: <u>MDC</u>	Housing Area: <u>9 South</u>
Date of Incident: <u>ongoing</u>	Date Submitted: <u>2/18/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>	
Grievance: <u>Bing hearing off Cor Officer "G" <del>name</del></u> <u><del>name</del> INITIAL is "G" female has been</u> <u>denying me disciplinary hearings</u>	
Action Requested by Inmate: <u>afforded disciplinary hearings via handheld camera in the presence of disciplinary hearing captain</u>	
Please read below and check the correct box:	
Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>2/18/21</u>
FOR DOC OFFICE USE ONLY  OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.  THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR	
TIME STAMP	Grievance Reference # <u>303758</u>
	Category: <u>staff</u> <u>Non-Gravable - Complaint</u>
Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>C/O Williams #773</u>	

## ATTACHMENT - B

		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>Tyone MASSEY</u>		Book & Case #: <u>89S2005522</u>		NYSID #: <u>01083103m</u>	
Facility: <u>MDC</u>		Housing Area: <u>9South</u>		Date of Incident: <u>Ongoing</u>	
				Date Submitted: <u>2/12/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>NYC health and hospitals, correctional health services NYC D.O.C officials and/or Administrators, City of New York, NYC D.O.C Commissioner Cynthia Brann are aware that I been making countless complaints about my primary care physicians has been committing federal criminal acts against me denying me medical care, falsifying medical reports, being abusive DRs hips sexually assaulted me etc...</u>					
Action Requested by Inmate: <u>To be provided with alternate physicians that can conduct physical examinations and provide with me medical care of quality and in accordance with public health law</u>					
Please read below and check the correct box:					
Do you agree to have your statement edited for clarification by OCGS staff?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: <u>[Signature]</u>				Date of Signature: <u>Feb 12, 2021</u>	
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP <u>02/12/21 11:03 AM</u>		Grievance Reference # <u>382226</u>		Category: <u>Medical - Staff Non-Enforceable Complaint</u>	
		Office of Constituent and Grievance Services Coordinator/Officer Signature: <u>[Signature]</u>			

## ATTACHMENT - B



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

## OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

### INMATE STATEMENT FORM

 Form.: 7101R  
 Eff.: 2/26/20  
 Ref.: Dir. 3376R-A


Inmate's Name: <u>Tyone Massey</u>		Book & Case #: <u>8952000522</u>		NYSID #: <u>01083103m</u>	
Facility: <u>MDC</u>		Housing Area: <u>9 South</u>		Date of Incident: <u>Ongoing</u>	
				Date Submitted: <u>2/19/21</u>	

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: MR. Gladden, social services and program employees are deliberately not allowing me access to my property though ADW Brown signed/approved/authorized me to access my property. Facility administrators here @ MDC is aware of this issue and not addressing this issue.

Action Requested by Inmate: programs, social services and MDC administrators to allow me to access my property

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature: 	Date of Signature: <u>2/19/21</u>
-------------------------	--------------------------------------

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP 2021 FEB 24 11:33 AM OFFICE OF CONSTITUENT & GRIEVANCE SERVICES	Grievance Reference # <u>384693</u>	Category: <u>Non-Grievable Staff Complaint</u>
Office of Constituent and Grievance Services Coordinator/Officer Signature: 		

Req Property





ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10-10-2001 BY 60322  
UCBAW



**CITY OF NEW YORK - DEPARTMENT OF CORRECTION**  
**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES**  
**INMATE STATEMENT FORM**

Form.: 7101R  
 Eff.: 2/25/20  
 Ref.: Dir. 3376R-A



Inmate's Name: <u>TYRONE MASSEY</u>		Book & Case #: <u>895 2000522</u>		NYSID #: <u>0083103M</u>
Facility: <u>MDC</u>	Housing Area: <u>9 South</u>	Date of Incident: <u>2/22/21</u>	Date Submitted: <u>2/22/21</u>	

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: MS Lewis / Luis female nurse told me she spoke to Telehealth Doctor and told me I am not getting sick call medical services. This was recorded via facility handheld camera while escorted by Captain James

Action Requested by Inmate: nurse staff and MDC Administrators to contact CHS Patient Relations to request assistance in providing medical care when I am denied medical care or sick call services

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>2/22/21</u>
--	-----------------------------------

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP <u>621 FEB 23 A 7 29</u>	Grievance Reference # <u>384267</u>	Category: <u>Non-Physical Staff Complaint</u>
	Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>[Signature]</u>	



**CITY OF NEW YORK - DEPARTMENT OF CORRECTION**  
**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES**  
**INMATE STATEMENT FORM**

Form: 7101R  
 Eff.: 2/25/20  
 Ref.: Dir. 3376R-A



Inmate's Name: LYONE MARY Book & Case #: 8952000522 NYSID #: 010831030  
 Facility: MDC Housing Area: 950th Date of Incident: 2/16/21 Date Submitted: 2/16/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: CAPTAIN JAMES DENIED ME SICK CALL  
ON DOF SEIZURE MEDICATION AND MEDICAL  
SERVICES FOR SEXUAL ASSAULT ON 2/16/21  
SEXUAL ASSAULT OCCURED ON HER TOUR  
WHILE I WAS HELD HOSTAGE IN SHOWER  
FOR 4 PLUS HOURS

Action Requested by Inmate: ALL SERVICES PROVIDED TO ME VIA HANDHELD  
CAMERA MEDICAL SERVICES AS WELL AND INVESTIGATION

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff? Yes ☐ No ☒  
 Do you need the OCGS staff to write the grievance for you? Yes ☐ No ☒  
 Have you filed this grievance with a court or other agency? Yes ☐ No ☒  
 Did you require the assistance of an interpreter? Yes ☐ No ☒

Inmate's Signature: [Signature] Date of Signature: 2/16/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

383761

Category:

Non-Grievable Sexual Allegation

Office of Constituent and Grievances Services Coordinator/Officer Signature:

[Signature] 17351



**CITY OF NEW YORK - DEPARTMENT OF CORRECTION**  
**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES**  
**INMATE STATEMENT FORM**



Form.: 7101R  
 Eff.: 2/25/20  
 Ref.: Dir. 3376R-A

Inmate's Name: <u>Tyrow Massey</u>	Book & Case #: <u>8952020522</u>	NYSID #: <u>01083103m</u>
Facility: <u>MDC</u>	Housing Area: <u>950th</u>	Date of Incident: <u>2/25/21</u>
		Date Submitted: <u>2/25/21</u>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: Officer Trocchia, Officer Gadson and Officer Brodsky are assigned to my housing area today though my DOC officials including Commissioner Cynthia Bram and chiefs dept are aware that I am saying the above mentioned individuals sexually assaulted me and physically assaulted me yesterday. I am making Capt. Tirsof aware and she is ignoring me.

Action Requested by Inmate: separation order against officers Steele, Trocchia, Brodsky and

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>2/25/21</u>
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FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP <u>92 11 08 2021</u> <u>RECEIVED</u>	Grievance Reference # <u>385118</u>	Category: <u>Non-Grievable complaint</u>
	Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>[Signature]</u>	





## ATTACHMENT - B

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A	
INMATE STATEMENT FORM			
Name: <u>De Massey</u>	Book & Case #: <u>8952100522</u>	NYSID #: <u>01083103m</u>	
<u>DC</u>	Housing Area: <u>9 South</u>	Date of Incident: <u>1/12/21</u>	Date Submitted: <u>1/12/2021</u>
<p>must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. All provide the inmate with a copy of this form as a record of receipt.</p>			
<p><u>- O Johnson Female #8054 on Feb 12, 2021</u>  <u>me to provide A STATEMENT regarding</u>  <u>complaint I made without providing</u>  <u>any information as to what the</u>  <u>complaint I made she only told me</u>  <u>that I am not the investigating Captain I was</u>  <u>to ask you to write A STATEMENT</u>  <u>which gives me any meaningful redress</u></p>			
<p>led by Inmate: <u>Bill complaint investigations executed by designated</u>  <u>Administrators not delegated to subordinates and</u></p>			
<p>ow and check the correct box: <u>recorded via handheld camera</u></p>			
Have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Signature: <u>TMH</u>		Date of Signature: <u>Feb 12, 2021</u>	
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
Grievance Reference # <u>381771</u>		Category: <u>Non-Grievable</u> <u>Other</u>	
Office of Constituent and Grievances Services Coordinator/Officer Signature:		<u>William #1251</u>	

Civilian #17351

## ATTACHMENT - B

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		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>TYRONE M. ASSEY</u>		Book & Case #: <u>8952000522</u>		NYSID #: <u>01083103M</u>	
Facility: <u>MDC</u>		Housing Area: <u>9 South</u>		Date of Incident: <u>1/25, 26/2021</u>	
				Date Submitted: <u>1/26/2021</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>CAPT. Adams during the 11pm-7am tour on Jan 25/26/2021 refused me medical care though I complained to her of bleeding, swelling and excruciating pain as a result of me being involved in multiple use of force on Jan 25, 2021 and not examined or given medical care she stated "you are a federal rat we gonna kill you in violation of federal statutes 18 USC 8521, 242 18 USC 851513"</u>					
Action Requested by Inmate: <u>1. D. TRIALS DIVISION INVESTIGATION AND DISCIPLINE OF CAPT. Adams and Federal investigation/prosecution as well</u>					
Please read below and check the correct box:					
Do you agree to have your statement edited for clarification by OCGS staff?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature: <u>TM</u>			Date of Signature: <u>1/26/2021</u>		
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP JAN 27 12:07 PM '21 NEW YORK		Grievance Reference # <u>376134</u>		Category: <u>Non-Grievable - Staff Complaint</u>	
Office of Constituent and Grievance Services Coordinator/Officer Signature: <u>C/O Williams</u>					





**CITY OF NEW YORK - DEPARTMENT OF CORRECTION**  
**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES**  
**INMATE STATEMENT FORM**



Inmate's Name: <u>Tyrone MASSEY</u>		Book & Case #: <u>8952000522</u>		Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A
Facility: <u>MDC</u>		Housing Area: <u>9 South</u>	Date of Incident: <u>Ongans</u>	NYSID #: <u>0083103M</u>
			Date Submitted: <u>1/26/2021</u>	

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On January 25, 2021  
Nurse M. Carberry here AT MDC responded  
To medical emergency for me AFTER I kept self  
harming myself by repeatedly banging my head  
and having seizure and being nonresponsive she  
left me in housing area in violation of standard  
medical protocol and had to be called a  
second time to respond to medical emergency for me  
she has been violating my medical constitutional rights

Action Requested by Inmate: M. Carberry (nurse) to be disciplined

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature: <u>Tmk</u>	Date of Signature: <u>1/26/2021</u>
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FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.


THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP LC NVT 1202  
MDC CONVALESCENT & INSTITUTIONAL  
RECEIVED - JAN 26 2021

Grievance Reference # <u>376070</u>	Category: <u>Medical</u> <u>Non-Grievable - staff complaint</u>
Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>C. Williams #19351</u>	


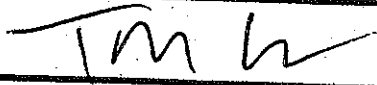

ATTACHMENT B

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<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>				
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				
<b>INMATE STATEMENT FORM</b>				Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A
Name: <u>Yvonne MASSEY</u>		Book & Case #: <u>892000522</u>		NYSID #: <u>01083103M</u>
MOC		Housing Area: <u>9 South</u>	Date of Incident: <u>11/25/2021</u>	Date Submitted: <u>11/26/2021</u>
Inmates must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or ent allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. Staff shall provide the inmate with a copy of this form as a record of receipt.				
e: <u>Capt Creswell violated the Nunez Agreement</u> <u>several mandate several times on Jan 25, 2021.</u> <u>Retaliation for me filing federal lawsuits she</u> <u>immediately activated a facility alarm though I</u> <u>did no threat to noone nor was I being disruptive</u> <u>the time she activated a facility alarm I</u> <u>was not even in facility for 120 seconds no IPC skills</u> <u>application or crisis intervention skills was utilized</u>				
requested by Inmate: <u>Capt. Creswell to be disciplined, and federal</u> <u>prosecuted for violating federal statutes 18 USC 872, 18 USC 878</u>				
Read below and check the correct box:				
Do you want to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you want the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you want to add this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you want the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Signature: <u>[Signature]</u>			Date of Signature: <u>11/26/2021</u>	
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
Grievance Reference # <u>376100</u>		Category: <u>Non-Grievable - staff complaint</u>		
Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>[Signature]</u>				

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ATTACHMENT B

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			
INMATE STATEMENT FORM			
Name:	Book & Case #:	NYSID #:	Form: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A
Tyrone M. A. Sey	8982000522	01083103M	
MDC	Housing Area: 950th	Date of Incident: 05/30/19	Date Submitted: 1/20/21
<p>nces must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or ent allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. Staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>e: Franklin Mejia is Aware of my complaint pain and injuries And has been refusing sick call care, medical care Today I told him I am in pain and have injuries as a result of being ASSAULTED, having a seizure. I involved in use of force during 3-11 Tour 1/19/21 he still refuse to give me medical care. Today ON 1/20/21</p>			
<p>requested by Inmate: medical care in accordance with sick call and medical standards/protocol</p>			
<p>d below and check the correct box:</p>			
Do you want to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you want the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you want this grievance with a court or other agency?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you want the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Signature: 		Date of Signature: 1/20/21	
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
Grievance Reference # 374718		Category: Medical	
Office of Constituent and Grievances Services Coordinator/Officer Signature: 		Non-Grievable Staff Complaint	

## ATTACHMENT - B

		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form.: 7101R Eff.: 2/26/20 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>Tyone MASSEY</u>		Book & Case #: <u>8952000522</u>		NYSID #: <u>01083103</u>	
Facility: <u>MDC</u>		Housing Area: <u>9 South</u>		Date of Incident: <u>1/14/21</u>	
				Date Submitted: <u>1/18/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>I Told CAPTAIN Oudkerk shield #</u> <u>on Jan 14, 2021 I had a fight with Nigel</u> <u>Fredricks #1411904251 in Sept 2020 And was</u> <u>sure if he placed said inmate in the living cage</u> <u>with me he would ATTACK me AGAIN CAPT</u> <u>Oudkerk stated "SO WHAT you A snitch</u> <u>And transgender Somebody needs to kill you he</u> <u>then placed Nigel Fredricks in cage with me so I can</u> <u>be</u>					
Action Requested by Inmate: <u>investigation and CAPTAIN Oudkerk</u> <u>Administratively disciplined.</u>					
Please read below and check the correct box:					
Do you agree to have your statement edited for clarification by OCGS staff?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: <u>TM</u>				Date of Signature: <u>1/20/21</u>	
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP: <u>02:11 V 13</u>		Grievance Reference #: <u>374653</u>		Category: <u>Non-traumatic Staff</u>	
		Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>C. Williams #9351</u>			



DEPARTMENT OF CORRECTION  
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES  
INMATE STATEMENT FORM

Form.: 7101R  
Eff.: 2/25/20  
Ref.: Dir. 3376R-A



Book & Case #: 8952000522		NYSID #: 01083103M	
Housing Area: 9500th	Date of Incident: 1/14/2021	Date Submitted: 1/16/2021	

to be submitted within ten business days after the incident occurred, unless it's a sexual abuse or  
ion. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office  
Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number.  
Provide the inmate with a copy of this form as a record of receipt.

Told CAPTAIN Oudkerk I WAS sexually  
ed by DR IOSIF SHPITS on JAN 14, 2021  
Oudkerk replied he's not doing nothing  
ess the issue

y Inmate: investigation and CAPT. Oudkerk  
disciplined and I be escorted with handheld camera

and check the correct box:

your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
ivance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
istance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

iml  
Date of Signature: 1/16/2021

FOR DOC OFFICE USE ONLY



CGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.


FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

Grievance Reference # 374648	Category: Non-Guerrilla - Staff Complaint
Office of Constituent and Grievances Services Coordinator/Officer Signature: C. Williams #17351	

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## ATTACHMENT - B

		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>					
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>Tyrone Massey</u>		Book & Case #: <u>8952000522</u>		Form 31R Eff.: 20 Ref.: 3376R-A YSID #: <u>01083103m</u>	
Facility: <u>MDC</u>		Housing Area: <u>9 South</u>		Date of Incident: <u>11/8/2021</u>	
				Date Submitted: <u>11/8/2021</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>Franklin Mejia refused to give me medical care on Jan 18, 2021 despite me complaining to him I was sexually assaulted by 10517 shorts physically assaulted by another inmate and had seizure in cell I am in pain</u>					
Action Requested by Inmate: <u>Access to another physician to replace Franklin Mejia escorted in facility with hand held camera</u>					
Please read below and check the correct box:					
Do you agree to have your statement edited for clarification by OCGS staff?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>				Date of Signature: <u>11/8/2021</u>	
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP 07:11 PM 12 NOV 2021		Grievance Reference # <u>374649</u>		Category: <u>Medical</u>	
		Office of Constituent and Grievance Services Coordinator/Officer Signature: <u>C. Williams #12057</u>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			
INMATE STATEMENT FORM			
Name:	Book & Case #:	Form: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A	NYSID #:
Tyrone Massey MDC	89.52000.522		01083103M
Housing Area:	Date of Incident:	Date Submitted:	
9.505th	11/14/21	11/20/21	
<p>nces must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or nt allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office uent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. ff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>e: CAPT. (Dhall) refused to provide me edical care despite me cutting self in her presence I told her I was pain and wanted medical care the D.A. in my cage recorded me <del>cutting</del> placing y paper on window stating "I need medical ing myself cause of deadlock"</p>			
<p>uested by Inmate: CAPT. (Dhall) to be Administratively ciplined</p>			
<p>I below and check the correct box:</p>			
e to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d this grievance with a court or other agency?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
re the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Signature:	Date of Signature:		
TM	11/20/21		
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
Grievance Reference #		Category:	
374745		Staff Non-Enumerable Complaint	
Office of Constituent and Grievances Services Coordinator/Officer Signature:			
G. Williams #1008			





## ATTACHMENT -B-1



## CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES  
INMATE STATEMENT FORMForm.: 7101R-A  
Eff.: 9/14/18  
Ref.: Dir. 3376R-A

Inmate's Name:

Tyron Massey

Book &amp; Case #:

89-2006522

NYSID #:

01083103m

Facility:

WEST FACILITY

Housing Area:

Spring 10

Date of Incident:

Ongoing

Date Submitted:

3/16/2021

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On 12/14/2020 I made 311 complaints that Capt Michael and Captain Fikson denied me medical attention after I was splashed with urine and feces and no one has spoke to me about this. I also made 311 complaints of being splashed on 12/12/20; 12/13/20; 12/14/20; 12/15/20. There was also emails sent to NYC DOC employees and officials on DEC 14, 2020 of me being splashed and denied medical treatment by the above mentioned CAPTAINS and no one has spoken to me.

Action Requested by Inmate: 311 complaint numbers filed on 12/11/20 to 12/17/20 emails sent by JAIL A MECCA RYTH OF PRISONERS RIGHTS PROJECT on 12/14/20 and investigations conducted on the above mentioned incidents given to me.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐ No ☒

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☐ No ☒

Did you require the assistance of an interpreter?

Yes ☐ No ☒

Inmate's Signature:

T.M. J2

Date of Signature:

3/16/2021

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP



Grievance Reference #

# 393826

Category: Non grievable  
F.O.I.L.

Office of Constituent and Grievances Services Coordinator/Officer Signature:

S. CANADY

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
INMATE STATEMENT FORM			
Inmate's Name: <i>Massey, Tyrone</i>		Book & Case #: <i>349.19.05886</i>	NYSID #: <i>01083103M</i>
Facility: <i>WIC-Main</i>	Housing Area: <i>2A</i>	Date of Incident:	Date Submitted:

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: *not being produce to his infection hearings.*

Action Requested by Inmate: *hearing officer Rodriguez to directly afford me my hearing in person.*

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Inmate's Signature: <i>[Signature]</i>	Date of Signature:
--	--------------------

**FOR DOC OFFICE USE ONLY**

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

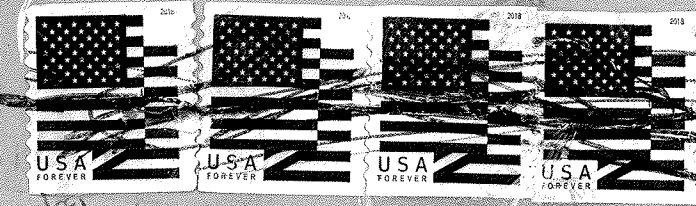
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference # <i>#284584</i>	Category: <i>non-grievable - other</i>
Office of Constituent and Grievances Services Coordinator/Officer Signature: <i>[Signature]</i>		



WYONE MASSEY  
89520005221

1606 HAZEN STREET  
E. ELMHURST, NY 11370



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SDNY

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NY, NY 10007

ATTN: PRO SE OFFICE

